

Tennessee Sex Offender Treatment Board

4<sup>th</sup> Floor, Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

Dear Applicant:

In response to your request to become a TSOB Approved Sex Offender Provider, this packet contains information relative to becoming an Approved Sex Offender Treatment Provider.

The requirements for application are supported by Board rules and regulations and T.C.A. 39-13-704. Please read the instructions, statute, and rules and regulations carefully prior to applying. Any application fees are nonrefundable and all documents submitted to the board become a part of your file and are not returnable or transferable. The Board may complete background checks on applicants.

Upon initial review, if your application is incomplete or supporting materials have not arrived in our office, a notification letter will be sent to you. Upon notification of a deficiency, the applicant will have 30 days to provide the deficient information or the file will be closed and you will have to reapply. When the application is deemed complete, you will be notified in writing.

**All applicants must be licensed through the Tennessee Health Related Board prior to making application to be an Approved Sex Offender Treatment Provider. All requirements for being approved including training, supervised experience or supervisor agreement letter, and copy of your Tennessee License must be submitted to the Administrative office 30 days prior to a scheduled Board meeting before an application will be reviewed by the Board.**

Below is an explanation of items requested to be submitted as part of your application. When reviewing your application, refer to this section.

1. Read the enclosed rules and law carefully to determine if you are qualified.
2. Application must be typed. Fill out the application form completely. Application must be signed and notarized. Incomplete forms or un-notarized forms will be returned.
3. Photograph. Submit a recent (within last 12 months) passport size photograph which has been signed by the applicant and stapled to the front of the application.
4. Copy of your current License. Submit a copy of your current Health Related Board License.
5. Specialized Training. Submit a description of the sex offender training received. Include course syllabi, certificates, diplomas, etc for the core areas listed
6. Letters of Reference. Two (2) original letters attesting to your personal character and professional ethics.
7. Supervision Forms. Must submit evidence of 2,000 hours experience in sex offender treatment (500 hours in sex offender assessment) or Supervisor agreement form.
8. Send your application and supporting materials to :

4<sup>th</sup> Floor, Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

## General Information

Individuals who do not qualify for a board approved sex offender treatment provider are encouraged to complete deficient requirements if you intend to provide sex offender treatment services in Tennessee.

Licensed individuals who were approved by the board to provide sex offender treatment services prior to 2000, may retain their approved status by providing a letter indicating that they have met the training and experience requirements. It is the provider's responsibility to fulfill this requirement.

Licensed individuals, who were approved by the board to provide sex offender treatment services after 2000 but prior to 2005, may retain their approved status by providing the board with documentation of the sex offender core training requirements and experience. It is the provider's responsibility to fulfill these requirements.

Licensed individuals who were approved by the board to provide sex offender treatment services after 2005 must provide documentation of the sex offender core training requirements, experience, and supervision by a board approved sex offender treatment provider. It is the provider's responsibility to fulfill these requirements.

It is the applicant's responsibility to keep the board notified whenever a change of name or address occurs. Such notification must be in writing. A request for name change must be notarized and state the reason for the change (i.e. marriage, divorce, etc.).

## TSOB Approval Process

1. File Application with board.
2. Review of application by the administrative office. Notification of a deficiency or file complete letter will be mailed to applicant.
3. Board review. Notification will be sent of:
  - a. approved status or,
  - b. approved as an affiliate provider or,
  - c. not approved

## Category Options

The four categories below identify avenues for approval by the Board. You must meet all of the requirements in the category. See the rules and requirements for the specifics for each area summarized below.

### Category I - Approved Sex Offender Treatment Provider

1. Is currently licensed to practice by the Tennessee Health Related Board.
2. Fifty hours of specialized sex offender training (10 hours in each of the core areas)
3. 2,000 hours experience in sex offender treatment (500 hours in sex offender assessment).
4. One hundred hours of supervision by an approved sex offender treatment provider.\*

\* For those providers approved after January 1, 2006 supervision must be by an approved sex offender treatment provider.

### Category II- Affiliate Sex Offender Treatment Provider

1. Is currently licensed to practice by the Tennessee Health Related Board.
2. Is deficient in one of the other requirements (core sex offender training, experience, and/or supervision)
3. Must be under supervision by a board approved sex offender treatment provider

### Category III- Affiliate Sex Offender Treatment Provider

1. Licensed eligible and employed in a Licensed Mental Health Agency.
2. May or may not meet the other requirements (core sex offender training, experience, supervision, etc.)
3. Must be under supervision by an approved sex offender treatment provider.

### Category IV- Approved Sex Offender Treatment Provider by Reciprocity

1. Holds a valid License to provide counseling services or sex offender treatment provider certification to practice in another State. The qualifications for Licensure in the other State at the time you were licensed are equal to qualifications for licensure in Tennessee.
2. Meets the core sex offender training (50 hours)
3. Meets the 2,000 hours of experience in sex offender treatment

**TENNESSEE SEX OFFENDER TREATMENT BOARD**

**4<sup>th</sup> FLOOR, RACHEL JACKSON BUILDING  
320 6<sup>TH</sup> AVENUE  
NASHVILLE, TENNESSEE 37243-0465**

**APPLICATION FOR TSOB APPROVED SEX OFFENDER TREATMENT PROVIDER**

I hereby make application to become a TSOB Approved Sex Offender Treatment Provider to provide sex offender treatment and assessment services in Tennessee. The following evidence of my qualifications is submitted to the Tennessee Sex Offender Board.

**INSTRUCTIONS:** Applicants must complete all sections. Applications lacking a Social Security Number or a Tennessee Department of Motor Vehicles Control Number will not be processed. This number will be used for identification and will not be disclosed for other purposes except as provided for by law. Completed application should be mailed to the above address.

**I. GENERAL INFORMATION**

Name (Last, First, Middle, Suffix, Maiden Name)		Social Security Number or Tennessee DMV Control Number	
Title of License	Tennessee License Number		Date of Birth
Mailing Address (Street and/or Box number, City, State, Zip Code)			Home Phone Number
Business Address (Street and/or Box number, City, State, Zip Code)			Business Phone Number
Type Name as you would like it to appear on your wall certificate			

**II. Education: List in chronological order the name and location of each graduate school where graduate course work has been completed.**

<b>Institution</b>	<b>Dates Attended</b>	<b>Major Concentration</b>	<b>Degree Received</b>

**III. License and/or Certificates: List all States in which you currently hold or have held an occupational license or certificate to provide sex offender treatment or other counseling services in order of attainment.**

<b>State</b>	<b>license/Certificate Number</b>	<b>Issue Date</b>	<b>Type of License/Certificate</b>

**IV. Sex Offender Specific Training: All applicants must have a minimum of 50 hours of Core Sex Offender Specific Treatment and Assessment training with a minimum of 10 hours in each of five core areas. Please fill out the Sex Offender Training Worksheets on the following pages. Use additional pages as necessary. Specific training courses can only be used in one area.**

Approved Sex Offender Treatment Provider  
Worksheet for Reporting Sex Offender Specific Training

Applicants for becoming an approved sex offender treatment provider must submit the following data. If you were approved by the Board prior to 2000 skip to page 14.

- I. Core Sex Offender Specific Treatment and Assessment Training. Please list the topic of training, number of hours received, institution, forum, or sponsor, and instructor, speaker, or lecturer for each of the five core areas. Specific training received can only be used in one area. Instructor, speaker, or lecturer must by experience, training, or research have expertise in the sex offender specific area of training received.

A. Sex Offender Treatment Interventions (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Sex Offender Assessment (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Etiology/developmental issues of sex offense behavior (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

D. Community Safety, Issues related to recidivism (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

E. Ethics, Standards, Guidelines for sex offender treatment (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____			
_____	_____			
_____	_____			
_____	_____			

II. Experience in Sex Offender Treatment and Assessment (2000 hours)



Describe the work experience specific to sex offender treatment, assessment.  
Including research, face to face contact with clients (individual, family, group), and  
other relevant work experience. Must include 500 hours in assessment.

Dates of experience

From: \_\_\_\_\_

To: \_\_\_\_\_

- |    |   |                  |              |
|----|---|------------------|--------------|
| a. | Hours applicant worked<br>in sex offender treatment     | Per month: _____ | Total: _____ |
| b. | Hours face to face sex<br>Offender client treatment     | Per month: _____ | Total: _____ |
| c. | Research in sex offender<br>treatment                   | Per month: _____ | Total: _____ |
| d. | Hours of face to face sex<br>offender client assessment | Per month: _____ | Total: _____ |
| e. | Number of hours individual<br>face to face supervision  | Per Month: _____ | Total: _____ |
| f. | Number of hours Group<br>Supervision                    | Per month: _____ | Total: _____ |

Supervisor's Name: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

- |    |   |                  |              |
|----|---|------------------|--------------|
| a. | Hours applicant worked<br>in sex offender treatment | Per month: _____ | Total: _____ |
| b. | Hours face to face sex<br>Offender client treatment | Per month: _____ | Total: _____ |
| c. | Research in sex offender                            |                  |              |

- |    |  |                  |              |
|----|--|------------------|--------------|
|    | treatment  | Per month: _____ | Total: _____ |
| d. | Hours of face to face sex offender client assessment | Per month: _____ | Total: _____ |
| e. | Number of hours individual face to face supervision  | Per Month: _____ | Total: _____ |
| f. | Number of hours Group Supervision                    | Per month: _____ | Total: _____ |

Supervisor's Name: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

- |    |  |                  |              |
|----|--|------------------|--------------|
| a. | Hours applicant worked in sex offender treatment     | Per month: _____ | Total: _____ |
| b. | Hours face to face sex Offender client treatment     | Per month: _____ | Total: _____ |
| c. | Research in sex offender treatment                   | Per month: _____ | Total: _____ |
| d. | Hours of face to face sex offender client assessment | Per month: _____ | Total: _____ |
| e. | Number of hours individual face to face supervision  | Per Month: _____ | Total: _____ |
| f. | Number of hours Group Supervision                    | Per month: _____ | Total: _____ |

Supervisor's Name: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

Please answer the following questions. If any answers to the questions in this part are yes, attach an explanation on a separate sheet.

	Questions	Yes	No
1.	Do you have a medical condition which in any way impairs or limits your ability to practice in accordance with the board's policies	_____	_____
2.	Do you currently use any type of chemical substance	_____	_____
3.	Are you currently (within the past year) engaged in the Illegal use of a controlled substance	_____	_____
4.	Have you ever been diagnosed as having or been treated for pedophilia, exhibitionism, voyeurism or any illegal sexual activity	_____	_____
5.	Have you ever had a license or certificate to practice Counseling denied, revoked, suspended, disciplined, Curtailed, or surrendered under threat of restriction Or disciplinary action	_____	_____
6.	Have you ever been convicted of a felony or Misdemeanor other than a minor traffic violation	_____	_____
7.	Have you ever been rejected or censured by a Professional Association	_____	_____
8.	In relation to the performance of your professional Services in any profession:		
a.	Have you had a final judgment rendered against you?	_____	_____
b.	Have you ever had a settlement of any legal action rendered against you	_____	_____
c.	Are there any legal actions pending against you or which you are a party	_____	_____

## Verification of Supervisor

### **TO BE COMPLETED BY THE TENNESSEE APPLICANT**

YOUR NAME: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

TITLE OF SUPERVISOR: \_\_\_\_\_

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### **TO BE COMPLETED BY SUPERVISOR**

PLEASE COMPLETE THIS FORM AND RETURN IT DIRECTLY TO THE TENNESSEE SEX OFFENDER BOARD AT THE ADDRESS BELOW.

LICENSE NUMBER OF SUPERVISOR NAMED ABOVE: \_\_\_\_\_

TITLE OF LICENSE: \_\_\_\_\_

DATE OF INITIAL LICENSE: \_\_\_\_\_

EXPIRATION DATE OF LICENSE: \_\_\_\_\_

IS YOUR LICENSE IN GOOD STANDING: \_\_\_\_\_

HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOUR LICENSE?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

I HEREBY CERTIFY THAT I SUPERVISED: \_\_\_\_\_

THIS SUPERVISION INCLUDED:

\_\_\_\_\_ HRS. INDIVIDUAL SUPERVISION      DATES OF SUPERVISION

\_\_\_\_\_ HRS. OF GROUP SUPERVISION      FROM \_\_\_\_\_ TO \_\_\_\_\_

I CERTIFY THAT THE FOLLOWING INFORMATION GIVEN IS CORRECT.

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

THIS PAGE MAY BE DUPLICATED IF NEEDED

**Provider Qualification Letter**

(Providers Approved Prior to 2000)

I, \_\_\_\_\_, do certify that I have met the provider qualifications required by the Board for Approved Providers. My signature below indicates that I have received the necessary training and experience in the field of sex offender treatment and assessment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SEND ALL INFORMATION TO:

Tennessee Sex Offender Treatment Board  
4<sup>th</sup> Floor, Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

## SEX OFFENDER TREATMENT PROVIDER VERIFICATION OF SUPERVISION

### I. TO BE COMPLETED BY APPLICANT

Applicant's Name	Social Security or Tennessee DMV Control Number
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### II. TO BE COMPLETED BY THE SUPERVISOR

Supervisor's Name:	Tennessee Sex Offender Approved Provider Number:
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Supervisor's Business Address:	Supervisor's Daytime Phone Number:
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License Title(s)	License number(s) and expiration date(s): (If licensed outside Tennessee, please submit Licensure Verification of Out-of-State Supervisor)

Dates the applicant was under your supervision:

From:	To:
(month/day/year)	(month/day/year)

a. Hours applicant worked	Total:
b. Hours of face-to-face sex offender client treatment and assessment	Total:
Per Month:	
c. Hours of individual, face-to-face supervision	Total:
Per Month:	
d. Hours of group supervision	Total:
Per Month:	